

BUREAU OF BUILDINGS – ELECTRICAL PERMIT APPLICATION

CITY USE ONLY

INSPECTOR _____ DATE _____ BY _____

☐ PLEASE CHECK BOX IF CONTRACTORS PHONE NUMBER, FAX NUMBER OR ADDRESS IS CHANGED SO OUR RECORDS CAN BE UPDATED.

JOB ADDRESS _____

LOCATION _____
(SUITE, APT, FLOOR, NAME OF BUILDING, LANDMARKS, ETC... HELP US FIND YOU IN A TIMELY FASHION!)

LICENSED ELECTRICIAN _____ STATE CONTRACTOR'S ELECTRICAL LICENSE # _____
LICENSEE'S FULL NAME

ELECTRICAL CONTRACTOR (COMPANY) _____
COMPANY NAME

COMPANY ADDRESS _____

ELECTRICAL CONTRACTOR'S OFFICE PHONE # () _____ FAX # () _____

ENGINEER'S NAME _____ OFFICE PHONE _____

PLEASE CHECK ONE OF THE ITEMS BELOW

- ☐ TEMPORARY POLE - FEE \$50 EACH (TEMPORARY SERVICE(S) MUST BE ON A SEPARATE PERMIT) NUMBER OF TEMP. POLES= _____, \$50 = _____
☐ PUBLIC UTILITY (JUST CHECK BOX, SIGN AT BOTTOM AND SUBMIT)
☐ CHANGE OF CONTRACTOR / COMPANY (PREVIOUS CONTRACTOR'S PERMIT NUMBER: _____)
☐ FIRE DAMAGE
☐ NEW BUILDING OR, ☐ EXISTING BUILDING (ALTER OR REPAIR)
☐ PENALTY REINSPECTION (ORIGINAL ELECTRICAL PERMIT NUMBER: _____) FEE = \$50
☐ DISCONNECT AND RECONNECT OF SERVICE - FEE \$50 EACH

SHOW AVAILABLE FAULT CURRENT @ SERVICE _____ AMPS. ALSO SHOW FAULT CURRENT IN EXCESS OF 10K AMPS AT OTHER OVERCURRENT PROTECTIVE DEVICES ON ADDITIONAL SHEET

FEE SCHEDULE

(ALL FEES BELOW APPLY TO NEW OR EXISTING SERVICES, FEEDERS, BRANCH CIRCUITS OR LOW VOLTAGE SYSTEMS FOR INSTALLATIONS, ALTERATION, REPAIR OR MAINTENANCE)

SERVICES

AMPS	FEE	QTY	AMT
1 - 200	\$ 10 EACH	_____	\$ _____
201 - 800	\$ 20 EACH	_____	\$ _____
801 - 1200	\$ 60 EACH	_____	\$ _____
1201 - 2000	\$100 EACH	_____	\$ _____
2001 - 4000	\$200 EACH	_____	\$ _____
OVER 4000	\$300 EACH	_____	\$ _____

FEEDERS

AMPS	FEE	QTY	AMT
1 - 30	\$3 EACH	_____	\$ _____
31 - 100	\$ 5 EACH	_____	\$ _____
101 - 200	\$ 10 EACH	_____	\$ _____
201 - 800	\$ 20 EACH	_____	\$ _____
801 - 1200	\$ 60 EACH	_____	\$ _____
1201 - 2000	\$100 EACH	_____	\$ _____
2001 - 4000	\$200 EACH	_____	\$ _____
OVER 4000	\$300 EACH	_____	\$ _____

BRANCH CIRCUITS

AMPS	FEE	QTY	AMT
1 - 30	\$3 EACH	_____	\$ _____
31 - 100	\$ 5 EACH	_____	\$ _____
101 - 200	\$ 10 EACH	_____	\$ _____
201 - 800	\$ 20 EACH	_____	\$ _____
801 - 1200	\$ 60 EACH	_____	\$ _____
1201 - 2000	\$100 EACH	_____	\$ _____
2001 - 4000	\$200 EACH	_____	\$ _____
OVER 4000	\$300 EACH	_____	\$ _____

LOW VOLTAGE SYSTEMS (UNDER 30 VOLTS)

ALARMS, PHONES, DATA, CATV, AUDIO SYSTEMS, ETC (\$15 PER 1000 SQ FT OF AREA SERVED) _____ THOUSAND SQ. FEET X \$15= AMT

(In comments section list types of low voltage systems you will be installing.)

MINIMUM FEE \$50.00

TOTAL FEE = \$ _____

MAIL WITH CHECK TO: 55 TRINITY AVE. SUITE 3800 ATLANTA, GA 30335-0309

OR

FAX WITH CREDIT CARD FAX PAYMENT FORM TO FAX #(404)658-7374

COMMENTS: _____

The above statements are true to the best of my knowledge, and I, the undersigned do hereby agree that I am responsible for this installation meeting all code requirements.

LICENSED CONTRACTOR / APPLICANT _____

(Signature)

PHONE (404)330-6180

FAX (404)658-7374